

Date of application : ____ / ____ / ____

Enrolment Form

Service d'éducation et d'accueil Ettelbruck

Must be submitted by 10/05/2024

School year 2024-2025

CHILD

SURNAME					
First Name					
Social security number					
Address	L-	City			
	Street			N°	
Spoken languages					
Gender	Male <input type="checkbox"/>		Female <input type="checkbox"/>		Other <input type="checkbox"/>
Enrolment type	Regular <input type="checkbox"/>			Irregular <input type="checkbox"/>	

CYCLE CURRENTLY ATTENDED

School Cycle	Cycle 1	Cycle 2	Cycle 3	Cycle 4
Currently attended cycle (Please do not tick anything if the child does not go to school yet)	<u>Boeschel</u> Précoce <input type="checkbox"/> Préscolaire : 1.1 <input type="checkbox"/> 1.2 <input type="checkbox"/>	2.1 <input type="checkbox"/>	3.1 <input type="checkbox"/>	4.1 <input type="checkbox"/>
	<u>Dr Klein</u> Précoce <input type="checkbox"/> Préscolaire : 1.1 <input type="checkbox"/> 1.2 <input type="checkbox"/>	2.2 <input type="checkbox"/>	3.2 <input type="checkbox"/>	4.2 <input type="checkbox"/>

FOOD SERVICE

Food allergies or food intolerances without risk of an anaphylactic shock must be certified by your doctor.
Food to be excluded:
Diets (no pork, vegetarian, etc.): please tell us which foods your child should not eat. We will respect this information <u>as far as possible</u> .

MEDICAL INFORMATION

	Yes	No
Disease (specific health needs) Does your child suffer from a chronic disease (diabetes, epilepsy, asthma, heart disease, etc.)?	<input type="radio"/>	<input type="radio"/>
Allergies that could lead to an anaphylactic shock?	<input type="radio"/>	<input type="radio"/>
If yes , please have the Individualized Care Project (PAI) completed by your doctor and attach the corresponding Emergency Action Plan .		

CARE PRODUCTS

	Yes	No
<p>As part of daily care, I/we authorise the educational staff to use the products listed under the heading "Illness": "Daily care" in the internal regulations.</p> <ul style="list-style-type: none"> • Cedium disinfectant spray • Arni Stick/cream for cuts and bruises • Systral for insect bites and sunburn • Sun cream to protect the skin from the sun • Protective and repair cream (red skin) without medication (Penaten cream, Mitosyl, etc) • Flamigel anti-burn cream 	<input type="radio"/>	<input type="radio"/>

LEGAL REPRESENTATIVES

	Mother <input type="checkbox"/> Father <input type="checkbox"/> Other ¹ : _____	Mother <input type="checkbox"/> Father <input type="checkbox"/> Other ² : _____																																								
Surname																																										
First Name																																										
Address	Identical to the child's address: Yes <input type="checkbox"/> No <input type="checkbox"/>	Identical to the child's address : Yes <input type="checkbox"/> No <input type="checkbox"/>																																								
If "No"	L- City	L- City																																								
	Street N°	Street N°																																								
Social security number	<table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																					<table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																				
Spoken languages																																										
Professional activity	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>																																								
Hours per week																																										
Employer (please attach the employer's certificate)																																										
Email																																										
Phone number																																										
Mobile phone number*																																										
Work phone number*																																										

* Please indicate a number where we can reach you at any time of the day.

THIRD PARTY AUTHORISATION

Authorize a third party to pick up your child*		
Surname and first name	Emergency contact	Relationship with the child (e.g.: grandparents, neighbors, ...)
Name 1	<input type="checkbox"/>	
Tel.:		
Name 2	<input type="checkbox"/>	
Tel.:		
Name 3	<input type="checkbox"/>	
Tel.:		

¹ If mother/father is not the legal representative, proof of the judgment is required/ summary

² If mother/father is not the legal representative, proof of the judgment is required/ summary

TERMS AND SIGNATURES

The deadline for submitting enrolment forms is 17/05/2024. You will receive a confirmation of enrolment after 15/06/2024. Applications submitted after the 17/05/2024 will only be considered if the maximum capacity has not yet been reached.

Children wishing to attend the *Service d'éducation et d'accueil* starting on 15 of September must be enrolled by means of this form or the enrolment renewal form. The enrolment form must bear the signature of the legal representatives. The enrolment file must be returned to the address below (footer) or handed in person to the secretariat:

Completed registration forms must be **handed in personally**:

Saturday, 04/05/24	9h à 13h
Monday, 06/05/24	16h00 à 19h30
Tuesday, 07/05/24	8h30 à 11h
Wednesday, 08/05/24	16h00 à 19h30
Friday, 10/05/24	8h30 à 11h

The closing date for applications is 17/05/2024.

Admissions will be made in full compliance with the priority criteria set out in our Internal Regulations and within the framework of the places authorized by the Ministerial Approval.

Families meeting the priority criteria will receive **confirmation by 15/06/2024**.

Families whose current situation does not meet the priority criteria will receive a reply **by 15/07/2024 at the latest**. We must be informed of any change of situation.

Replies will be sent by e-mail!

Please note:

Only applications submitted within the time limit will be considered. Applications left in our mailboxes or sent by e-mail or post will not be considered.

Only complete applications (registration or renewal form duly completed and signed + all attached documents) will be accepted.

Please check them carefully before sending them to us.

THE FOLLOWING DOCUMENTS MUST COMPLETE THE ENROLMENT FILE

Recent employment certificates of the persons having parental authority, certifying that they are in paid employment and indicating their weekly working hours, or proof of registration with the ADEM.	<input type="radio"/>
Copy of the child's social security card .	<input type="radio"/>
Copy of the child's vaccination card. The legal representatives are responsible for keeping the copy of the vaccination card up to date. The Luxembourg Red Cross does not check the vaccines. The collection of this information is ordered by the Sanitary Inspection Division of the Ministry of Health.	<input type="radio"/>
Direct debit order , duly completed and signed, for the newly enrolled or if your bank details have changed (Annex 6).	<input type="radio"/>
Authorization for the taking and / or publication of images (photographs or videos) for minor children under the age of 13 (Annex 9)	<input type="radio"/>
If applicable, a copy of the judgment / summary judgment on parental authority	<input type="radio"/>
If applicable, a recent medical certificate attesting allergies and/or intolerances.	<input type="radio"/>
For children with specific health needs, the Individualized Care Project and the Emergency Action Plan .	<input type="radio"/>
Annex 1: Attendance sheet .	<input type="radio"/>
No re-billing in the event of failure to renew the service voucher contract (Annex 10).	<input type="radio"/>

Please complete:

I acknowledge / We acknowledge having received and read:

1. the internal regulations of the *Service d'éducation et d'accueil*
2. the information sheet on the processing of personal data in the form of images (photographs or videos) taken by the Luxembourg Red Cross (annex 8).
3. The general notice on the protection of personal data - *Service d'éducation et d'accueil* of the Luxembourg Red Cross (annex 7),

attached to this enrolment form, and expressly accept them.

I / we certify that the information provided in the enrolment form is complete, truthful and legal.

I / we expressly and explicitly consent to the child's health data provided above being processed by the *Service d'éducation et d'accueil*.

Incomplete requests or requests containing incorrect information will not be taken into account and may result in the exclusion of the child. The legal representatives are responsible for communicating any change as soon as possible, in order to keep the child's file up-to-date.

Place and date: _____, ____/____/____

Signature of legal representatives:

(father, mother, legal representative)

(father, mother, legal representative)